Relationship between age and healthcare utilization in patients with myelodysplastic syndrome receiving supportive care

K. Stein,¹ A. Powers,¹ R. L. Knoth,¹ M. Broder,² E. Chang²

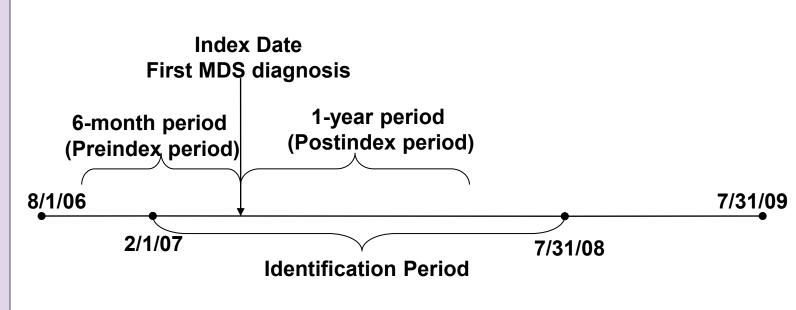
¹Eisai Inc., Woodcliff Lake, NJ; ²Partnership for Health Analytic Research, Beverly Hills, CA

Background

- Myelodysplastic syndrome (MDS) affects about 1 in 10,000 individuals in the US per year.
- Less than 10% of patients are under age 50 at diagnosis. 1
- Some data suggest younger MDS patients have lessaggressive disease and that they may be more likely to receive supportive care rather than treatment with hypomethylating agents (HMAs) or thalidomide analogues (TAs).^{2,3}
- Using a large claims database, we compared clinical and economic outcomes between patients <50 years old and those ≥50 years old who received supportive care.

Methods

- Descriptive cohort study of newly diagnosed MDS patients treated with supportive care.
- Data from de-identified and HIPAA-compliant medical and pharmacy claims from a large US insurer.
- Inclusion criteria: initial MDS claim (ICD-9-CM 238.72-238.75) between 2/1/2007 and 7/31/2008 and continuously enrolled for 6 months before and 12 months after the index MDS claim.
- Exclusion criteria: treatment with HMAs or TAs.
- Patients were stratified into two age groups: <50 and ≥50
- Comorbidity variables and utilization/costs were calculated in the pre- and postindex period, respectively.



Results

Patient Identification

3,327 patients with MDS claims during ID period

2,415 newly diagnosed and no prior diagnosis of acute myeloid leukemia (AML)

1,209 continuously enrolled

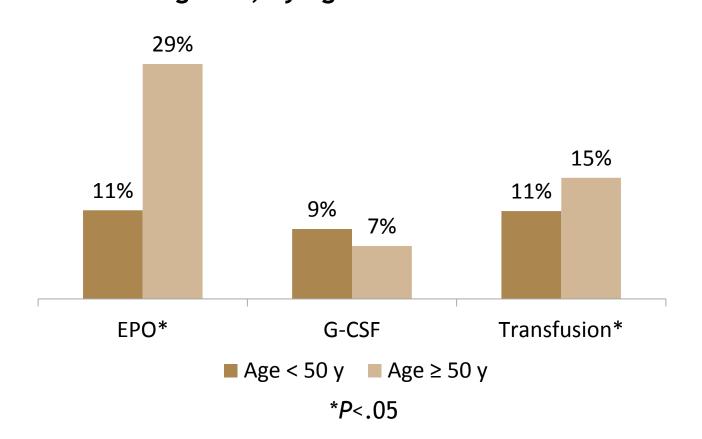
1,133 with supportive care (76 treated with HMA/TA)

- Of 1,133 patients, 221 (19.5%) were <50 and 912 (80.5%) were ≥50.
- Women made up 62.0% of the <50 group and 52.5% of the ≥50 group
 (P = 0.011)
- Charlson comorbidity index was 1.2 in <50 group vs. 2.4 in ≥50 group (*P*<.001)
- 51.1% of those <50 had bone marrow biopsy vs. 45.3% of those ≥50 (*P* = 0.118)

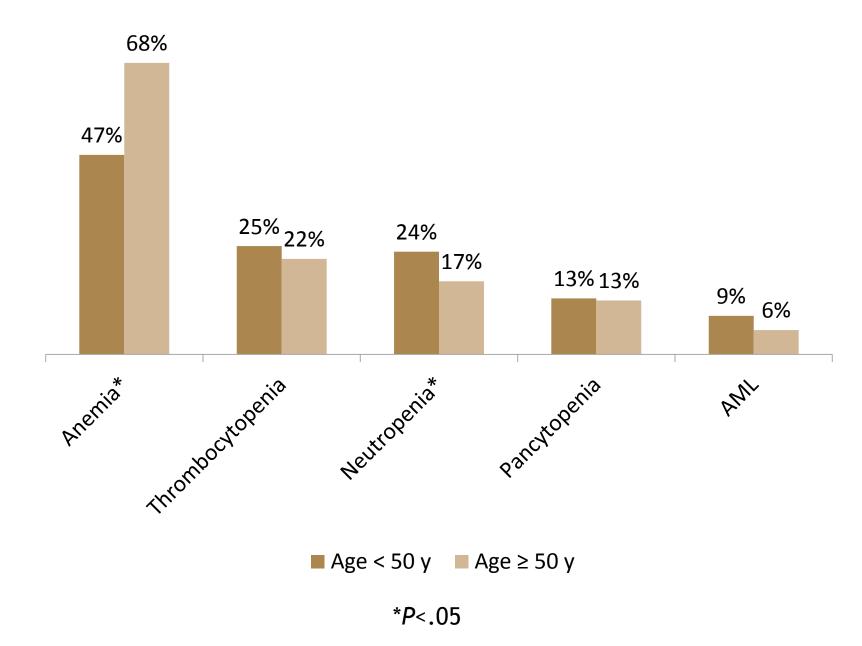
Annual Healthcare Utilization and Charges in the Year After MDS Diagnosis, by Age <50 or ≥ 50 Years

	AII N = 1,133	Age <50 n = 221	Age ≥50 n = 912	<i>P</i> value
Office visits, mean (SD)	22.9 (16.6)	17.5 (16.9)	24.2 (16.3)	<.001
Hospitalizations, no. (%)				0.004
0	655 (57.8)	150 (67.9)	505 (55.4)	
1	225 (19.9)	37 (16.7)	188 (20.6)	
2	116 (10.2)	12 (5.4)	104 (11.4)	
3+	137 (12.1)	22 (10.0)	115 (12.6)	
Total charges, \$	86,477	96,277	84,102	0.473
Non-Rx charges	81,113	91,435	78,612	0.443
Rx charges	5,363	4,841	5,490	0.311

Proportion Receiving Selected Treatments in the Year After MDS Diagnosis, by Age <50 or ≥50 Years



Proportion with Selected Hematologic Outcomes in the Year After MDS Diagnosis, by Age <50 or ≥50 Years



Conclusions

- Although MDS is usually considered a disease of the elderly, 19.5% of patients in this commercial plan population were <50 years old.
- Most patients received supportive care only.
- Only half of patients were diagnosed using bone marrow biopsy, despite guidelines recommending its use.⁴
- Hospitalizations were common and healthcare costs were high even in the <50 years population, which had a relatively low burden of comorbidities (as measured by Charlson index).
- There were no statistically significant differences in healthcare charges by age, although the small sample size limited our ability to detect differences.
- Anemia was more common in patients ≥50 than <50 years, as was the use of EPO and blood transfusion, and these differences were statistically significant.
- Further studies of the characteristics of patients with earlyonset MDS are warranted.

Limitations

- Our study included patients with commercial insurance; different populations may have different outcomes.
- Healthcare claims are collected for billing purposes and lack detail on clinical factors (e.g., disease severity).
- Retrospective studies cannot establish causal relationships.

References

- 1. Germing Haematologica 2004
- 2. Kuendgen J Clin Oncol 2006
- 3. Cutler Blood 2004
- 4. NCCN Myelodysplastic Syndromes v2.2011

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